

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			North Carolina State Board of Health		316
County <u>Weldon Co. 96</u>			BUREAU OF VITAL STATISTICS		
Township <u>Stantonsburg</u>			CERTIFICATE OF DEATH		
Town <u>Stantonsburg</u>			Registration District No. <u>98</u>	File No. _____	
City _____			St. _____	Registered No. _____	
FULL NAME <u>Emily Cook 2709</u>			(If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED (If write the word) <u>Married</u>	DATE OF DEATH <u>May</u>		
DATE OF BIRTH _____			I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____		
AGE <u>76</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.			that I last saw h. _____ alive on _____ 19____		
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).			and that death occurred on the date above stated, at _____ m.		
EDUCATIONAL ATTAINMENTS _____			The CAUSE OF DEATH* was as follows: <u>No Physicians</u>		
BIRTHPLACE <u>Ward Co</u>			Contributory (Secondary) _____		
NAME OF FATHER <u>Jammie Manning</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE OF FATHER (State or Country) _____			Contributory (Secondary) _____		
MAIDEN NAME OF MOTHER <u>Becki Manning</u>			(Duration) _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE OF MOTHER (State or Country) _____			(Signed) _____ M. D.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			101 _____ (Address) _____		
(Informant) <u>W. B. Bailey</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
(Address) <u>Stantonsburg N.C.</u>			LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
Filed _____ 19____			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
Registrar _____			Where was disease contracted, if not at place of death? Former or usual residence _____		
			PLACE OF BURIAL OR REMOVAL <u>W. B. Beaman Farm</u>		DATE OF BURIAL <u>May 12</u> 19____
			UNDERTAKER <u>W. B. Beaman Farm</u>		ADDRESS _____